

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37184**
9605

FILED OCT 29 1957

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|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis. | | c. LENGTH OF STAY in place 1-15 Mo. | | c. CITY OR TOWN St. Louis. | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital | | | | e. STREET ADDRESS (If rural, give location) 2310 1017 Lafayette Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Helen | | b. (Middle) _____ | | c. (Last) Boettger. | | 4. DATE OF DEATH (Month) (Day) (Year) October 12, 1957 | |
| 5. SEX Female | | 6. COLOR OR RACE White. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow. | | 8. DATE OF BIRTH Oct. 16, 1878 | |
| 9. AGE (In years last birthday) 78 | | 10. IF UNDER 1 YEAR Days _____ | | 11. IF UNDER 1 YEAR Hours _____ | | 12. IF UNDER 1 YEAR Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | |
| 11. BIRTHPLACE (City and State or Foreign Country) Germany. | | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Marx Boettger | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. -- | | 17. INFORMANT'S SIGNATURE OR NAME Marie Mayer ADDRESS 1017 Lafayette Ave. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis (Liver, Lung, G.I.) INTERVAL BETWEEN ONSET AND DEATH 45 days ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) C.A. Rt. Breast (Type Unk.) 5 yrs. DUE TO (c) C.A. Rt. Breast (Type Unk.) 5 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 11 yrs. | | | |
| 19a. DATE OF OPERATION 1952 | | 19b. MAJOR FINDINGS OF OPERATION Rt. Mastectomy - Desloge - Type not stated - C.A. | | | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 170 X | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from September 29, 56 , to October 12, 1957 , that I last saw the deceased alive on October 12, 1957 , and that death occurred at 7:15 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) John W. Beckham, M.D. | | | | 23b. ADDRESS 5800 Arsenal | | 23c. DATE SIGNED 10/14/57 | |
| 24a. BURIAL, CREMATION, REMOVAL cremation | | 24b. DATE 10/15 57 | | 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | | 24d. LOCATION (City, town, or county) (State) St Louis Missouri | |
| DATE REC'D BY LOCAL REG. OCT 15 57 | | REGISTRAR'S SIGNATURE Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home ADDRESS 1926 Allen Av | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer..

Signed

Reinhold K. Lohmann

Licensed Embalmer No. *3395*

P. O. Address *St Louis 4*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.